



UTAH DEPARTMENT OF TRANSPORTATION

## Consultant Performance Review & Evaluation Form / Escrow Release Request

Please use a separate form for Key Subconsultant Evaluations

Contract Number \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

Project Number \_\_\_\_\_

Consultant \_\_\_\_\_

Description \_\_\_\_\_

UDOT Project Manager \_\_\_\_\_

9 Pool

9 RFQ

9 Local Government

### STEP #1

#### Identify All Key Work Disciplines For Project

(A & B are two examples of discipline types - Evaluator may review up to 8 disciplines per evaluation A - H).

A. Project Development

B. Roadway Design

C.

D.

E.

F.

G.

H.

#### Step #2

##### Rate Goals & Objectives - From Page 2

3=Excellent 2=Good 1=Poor 0= Unacceptable

#### Step #3

##### Rate Disciplines For Work Product & Process

3=Excellent 2=Good 1=Poor 0= Unacceptable

WORK PRODUCT	Goals/Objectives	A	B	C	D	E	F	G	H
Work Quality									
Conformance with Standards									
Value of Services									
WORK PROCESS	Goals/Objectives	A	B	C	D	E	F	G	H
Partnering Skills									
Management									
Meeting Schedule									
Self-direction									
Meeting Budget									
Problem Resolution									

**NOTE:** If you rate a Consultant with a **Poor or Unacceptable** rating you will need to inform the Consultant that they are disallowed from contracting with UDOT for determined period of \_\_\_\_\_ month.

## WORK PRODUCT & WORK PROCESS GOALS & OBJECTIVES

Written goals and objectives shall be established at the beginning of every project by the UDOT Project Manager, consultant, local government representative (if applicable).

**WORK QUALITY:** Pertaining to Work Product Specifications & conformance with them (legibility, Organization, and completeness).

**CONFORMANCE WITH STANDARDS:** Demonstration of knowledge for required standards and specifications And conformance with them.

**VALUE OF SERVICES:** Demonstration of the project meeting or exceeding identified expectations.

**PARTNERING SKILLS:** Willingness to cooperate with Project Team personnel.

**MANAGEMENT:** Demonstration of control of the project.

**MEETING SCHEDULE:** On target to meet project completion date.

**SELF-DIRECTION:** Demonstration of ability to perform with an adequate but not excessive amount of direction From UDOT personnel.

**MEETING BUDGET:** Meets or is under budget for defined scope.

**PROBLEM RESOLUTION:** Ability to resolve problems and provide innovative solutions.

SEND SIGNED COPY TO CONSULTANT SERVICES FOR PROCESSING

Project Manager Signature:	Date:
Comments:	
Consultant Signature:	Date:
Comments:	
Local Government Signature:	Date:
Comments:	

# UTAH DEPARTMENT OF TRANSPORTATION

## Escrow Release/Consultant Services Project Evaluation Request

Payment Request No. \_\_\_\_\_ Month End \_\_\_\_\_ Year 200 \_\_\_\_\_ Escrow Release \_\_\_\_\_

Contract No. \_\_\_\_\_ Modification No. \_\_\_\_\_ Project No. \_\_\_\_\_

Project Description \_\_\_\_\_

Name of Consultant \_\_\_\_\_

% Work \_\_\_\_\_ % Time \_\_\_\_\_ % Billed \_\_\_\_\_

Date Started \_\_\_\_\_ Date Completed \_\_\_\_\_

### SUMMARY OF FINAL WORK FOR WHICH PAYMENT/ESCROW IS REQUESTED

Partial \_\_\_\_\_ OR Final \_\_\_\_\_

Task or Item	Description	Estimated Cost	Accumulative Amount	Current Month
	Unresolved Items from Last Invoice			
	Totals			
	Retainage			
	Totals Less Retainage			

### SIGNATURE APPROVAL/ROUTING PROCESS

CONSULTANT \_\_\_\_\_ DATE \_\_\_\_\_

LOCAL GOVERNMENT \_\_\_\_\_ DATE \_\_\_\_\_

PROJECT MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

COMPTROLLERS OFFICE \_\_\_\_\_ DATE \_\_\_\_\_